

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original and first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Toilet Evacuation System

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

POWER OF ATTORNEY

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

21,901

SEND CORRESPONDENCE TO

Smith & Hopen, P.A.
15950 Bay Vista Drive, Ste. 220
Clearwater, FL 33760
Customer No. 21,901

DIRECT TELEPHONE CALLS TO:

Anton J. Hopen
(727) 507-8558

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE

Inventor's signature



Robert I. Smith

Date

10-7-04, 2004

Country of Citizenship

USA

Residence

Dunnellon, Florida

Post Office Address

9200 S.W. 210 Circle
Dunnellon, Florida 34431

**ADDED PAGE TO COMBINED DECLARATION
AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION
OR C-I-P APPLICATION**

(complete this part only if this is a divisional, continuation or C-I-P application)

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)
UNDER 35 U.S.C. § 120**

I hereby claim the benefit, under Title 35, United States Code, § 120, of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information

☒ that is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following item, if desired)

☒ and that is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent,

that occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application. (37 CFR 1.63(e)).

(also check the following item, if desired)

☐ In compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. 1.98.

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC § 120:**

U.S. APPLICATIONS		Status (<i>check one</i>)		
U.S. APPLICATIONS	U.S. FILING DATE	Patented	Pending	Abandoned
1. 60/481,477			X	
2. /				
3. /				
PCT APPLICATION DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. APPLICATION NOS. ASSIGNED (<i>If any</i>)		
4.		0 /		
5.		0 /		
6.		0 /		